

Excellence in Agriculture Scholarship Program Application form (academic year 2006-07)

Name:				
BIRTH DATE:	SEX:	MALE	FEMALE	(Circle One)
HOME ADDRESS:				
Сіту		STATE		ZIP
PHONE: ()				
County:				
Name of parent(s)/guardian:				
College major:				
College attending:				
College address:				
Сіту		STATE		ZIP
College phone:()				
APPLICANT	MUST	T SUBMIT	THE FOL	LOWING IN TYPED FORMAT
1. A completed application form.				
An essay (minimum of 250 words) identifyir an agriculture-related field.	ng the r	reason(s) ye	ou want to p	oursue a career in agriculture or
3. An official high school transcripts.				
4. Two letters of reference (one from your scho	ool and	one from a	n outside so	ource).
5. A list of activities (i.e. 4-H, FFA, school, co	mmuni	ty, awards,	etc.).	
6. A statement of goals and future plans.				
ALL ITEMS MUST BE SUBMITTED OR APP	LICAT	ION WILL	NOT BE C	CONSIDERED.
PLI	EASE F	RETURN T	THE COMPL	ETED APPLICATION FORM TO
Office	of the	State Tre	easurer	

Division of Economic Opportunity 300 West Jefferson Street Springfield, IL 62702

VISIT OUR WEBSITE AT